U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3840	2. Fiscal Year Covered From:
	1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DAVID B LAXEN	Name MN Teamsters Local 471
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 12535 220th Street	Street 3001 University Ave SE
City Silver Lake	City Minneapolis
State NN ZIP Code + 4 55381 - 5806	State M 1 ZIP Code + 4 55414 ~ 3391
5. Position in labor organization. 9 Secretary Treasurer of the surer	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	Francisco Control Cont
o da nason ni genome angawa gang akina kanga ati kanga da kanga da Signature Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
g undersigned's knowledge and belief frue, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
undersigned's knowledge and belief true, correct, and complete. (See the sec	on 7-13-05 612-33 -193  -2+27

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Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MN Teamsters Local 471	a. Labor Organization  b. Trust  c. Employer	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 3001 University Ave SE		
City Minneapolis		
State MM ZIP Code + 4 55 414 - 3391		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Twin City Bakeny Drivers How and Pension Fund	Trustees of Twin City Bottony Drivers Haw and Pension Funds are allotted \$2500 Expense	
Trade Name, if any:	allowance for attending educational and investment conferences relatively to the Funds	
P.O. Box, Bidg., Room No., if any	Businoss. Trustees Expanse youchers are	
Street 3265 Northwood Circle Suite 170	Submitted to the Fund.	
City Eagan	11.b. Approximate dollar value of such dealing. 1760, 00	
State MN ZIP Code + 4 55121 - 4230	12.a. Nature of interest held or income received.  G-7-04 \$1283.60 Giv face - IFEB	
State 1612	9-7-04 \$ 283.00 Girface - IFEB 9-7-04 \$ 1461.00 Expense allowares 11-30-04 \$ 16.00 Parking-Trust Meeting	
	11-30-04 \$ 16.00 Parking-Trust Meeting	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
(including trade name, if any).		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City  y and the control of the contr		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	